

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                         | INITIALS | ID NO. | DATE     |
|----------------------------------|----------|--------|----------|
| <b>FEE DETERMINATION</b>         | ALMAZ    |        | DS-30-01 |
| <b>O.I.P.E. CLASSIFIER</b>       |          | 18     | 6/13/01  |
| <b>FORMALITY REVIEW</b>          | N        | SEE    | 8-1-01   |
| <b>RESPONSE FORMALITY REVIEW</b> |          |        |          |

## INDEX OF CLAIMS

↗ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 : ..... Restricted O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | 1-10-01  |      |
| 2     | ✓     | 1-6-01   |      |
| 3     | ✓     | 8-6-01   |      |
| 4     |       |          |      |
| 5     | ✓     |          |      |
| 6     | ✓     |          |      |
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| 9     | ✓     |          |      |
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| 15    | ✓     |          |      |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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JC/1900  
6/10/01

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